

**THE SANITARY CODE
OF THE
STATE OF FLORIDA**



**CHAPTER XXXIV
RULES AND REGULATIONS FOR THE
CONTROL OF COMMUNICABLE
DISEASES**

**ADOPTED BY
THE FLORIDA STATE BOARD OF HEALTH**
Under Authority of Chapter 381, Florida Statutes 1941,
Sections 381.49 - 381.59, Inclusive

FLORIDA STATE BOARD OF HEALTH
Wilson T. Sowder, M.D., M.P.H., State Health Officer
Jacksonville

1948

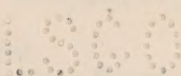


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OF THE
STATE OF FLORIDA



RULES AND REGULATIONS
FOR THE
CONTROL OF COMMUNICABLE
DISEASES

Revised and Effective, February 10, 1948



FLORIDA (STATE) BOARD OF HEALTH
Wilson T. Sowder, M.D., M.P.H., State Health Officer

Compiled by Bureau of Preventable Diseases
R. F. Sondag, M.D., Director

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At a session of the Florida State Board of Health held at its headquarters in the City of Jacksonville on February 10, 1948, a quorum of members being present, the Board did by motion duly carried adopt the following rules and regulations contained in Sections I to VII, inclusive, and by the same motion repealed all former rules and regulations for the control of communicable diseases previously adopted and in force prior to the date of said meeting.

By the Board

Herbert L. Bryans, M.D.

President

Florida State Board of Health

Attested:

Wilson T. Souder

State Health Officer and
Secretary, State Board of Health

454367

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CHAPTER 381, FLORIDA STATUTES 1941

Sections 381.49 - 381.59, Inclusive

AN ACT to authorize the State Board of Health to adopt, promulgate, and enforce rules and regulations for the betterment and protection of the public health.

381.49 Rules and Regulations of State Board of Health.

The State Board of Health may make, adopt, promulgate, enforce, and from time to time, amend, and repeal, rules and regulations covering sanitation and quarantine as may be necessary for the protection of the public health. The regulation so established shall be called and known as the sanitary code of the State of Florida. The sanitary code may deal with any matters affecting the security of life or health or the preservation and improvement of public health in the State of Florida.

381.50. The Sanitary Code. The sanitary code may include regulations covering drinking water either sold in pipe systems, bottled, or in any manner made accessible to the public; watersheds used for public water supplies; the disposal of excreta, sewage, or other wastes; the production, handling and sale of foods and drinks; the disposal of garbage and refuse; the pollution of sewage, industrial or other wastes, of streams, lakes and other waters; drainage in connection with mosquito breeding control; plumbing; sanitation of state, county or municipal institutions or private institutions serving the public; the sanitation of public buildings; the sanitation of schools, publicly or privately owned and operated; tourist and trailer camps; swimming pools and bathing beaches; road side service stations; food canning plants; shell-fish dealing and handling establishments; restaurants and all places where food is handled, sold or served; places of entertainment where food or drink is sold or accommodations are provided for the public; dairies and milk plants; the sanitation and disinfection of all passenger cars, sleeping cars, dining cars, steamboats and other public vehicles of transportation in this state; the sanitation of all convict camps, jails, penitentiaries, factories, hotels, summer camps and recreation camps, and the sanitary regulation of any other condition, practice, establishment or institution as may be necessary for the control of communicable disease or the protection of public health; provided that the state board of education and the State Board of Health shall jointly prescribe regulations relating to the sanitation of schools.

381.51. Segregation, Practice of Midwifery. The sanitary code may provide for the care, segregation, and isolation of persons having, or suspected of having, any communicable, contagious, or infectious disease; and for the treat-

ment, segregation, isolation, and disinfection of all animals or birds, having or suspected of having, diseases communicable to man. Also the sanitary code may include provisions regulating the practice of midwifery in the state.

381.52. Regulating Milk, Water and Sewage Plants. The State Board of Health may prescribe by regulations incorporated in and as a part of the sanitary code, the qualifications of milk plant operators, operators of water purification plants and operators of sewage treatment plants.

381.53. Regulations and Ordinances Superseded. The provisions of the sanitary code, as to public health matters to which it relates, supersede all regulations heretofore or hereafter enacted by other state departments, boards, or commissions, or by local ordinances heretofore or hereafter enacted by incorporated villages, towns, or cities. Each city, town or village may, in manner prescribed by law, enact sanitary regulations not inconsistent with the sanitary code established by the State Board of Health.

381.54. Presumptions. The actions, proceedings, and authority, of the State Board of Health and the state health officer, in enforcing the provisions of the sanitary code applying them to specific cases, shall at all times be regarded as in their nature judicial and shall be treated as prima facie, just, and legal.

381.55. Study of Causes of Diseases. The State Board of Health shall provide for the thorough investigation and study of the causes of all diseases, epidemic and otherwise, in this state and the means for prevention, and the publication and distribution of such information as may contribute to the preservation of the public health and prevention of disease.

381.56. Regulations for Municipal and County Sanitation. The State Board of Health shall supervise and regulate municipal and county sanitation and shall exercise general supervision over the work of local health authorities. Local health officials and other appropriate local officials, concurrently with the State Board of Health, shall enforce the provisions of the state sanitary code and of such local ordinances and sanitary regulations as may be consistent with it.

381.57. Construction of Sections 381.49 - 381.59. Nothing contained in Sections 381.49 - 381.59 shall be construed as in any wise limiting any duty, power, or powers now possessed or heretofore granted to the said State Board of Health, by the statutes of this state, or as affecting, or repealing any rule or regulation heretofore adopted by said Board.

381.58. Punishment for Violations of Sanitary Code.

Any person who shall violate, disobey, refuse, omit or neglect to comply with any of the rules and regulations of the sanitary code shall be guilty of a misdemeanor and upon conviction, shall be punished by imprisonment, not exceeding six month, or by fine not exceeding one thousand dollars.

381.59. Punishment for Obstructing State Board.

Any person who shall interfere with, or hinder, or oppose, any officer, agent or member of the State Board of Health in the performance of his duty as such, under Section 381.49 - 381.59, shall violate a quarantine regulation, or shall tear down, mutilate, deface, or alter any placard, or notice. affixed to premises in the enforcement of the sanitary code, shall be guilty of a misdemeanor and punishable upon conviction, by imprisonment for not exceeding six months or by a fine not exceeding one thousand dollars.

Section I

The following diseases are dangerous to the public health and must be reported to local health officers by practicing physicians, regular and sectarian, licensed to practice in the State of Florida, and other persons as well.

A. The following named infectious diseases and carriers thereof, are declared to be contagious, communicable, and dangerous to the public health, and the names of persons ill or infected therewith shall be reportable in accordance with the provisions of these regulations, viz.:

- | | |
|--|---|
| 1. Actinomycosis | 22. Hemorrhagic Jaundice
(Ictero-hemorrhagic
Spirochetosis; Weil's
Disease) |
| 2. Amebiasis (Dysentery,
Amebic) | 23. Hookworm Disease
(Ancylostomiasis,
Uncinariasis) |
| 3. Anthrax (Human) | 24. Hepatitis, Infectious
(Acute Catarrhal
Jaundice) |
| 4. Chancroid | 25. Impetigo Contagiosa
(In institutions) |
| 5. Chickenpox (Varicella) | 26. Influenza |
| 6. Cholera (Asiatic) | 27. Kerato-conjunctivitis,
Infectious (Superficial
Punctate Keratitis;
Nummular Keratitis) |
| 7. Conjunctivitis of the
Newborn (Acute In-
fectious — Ophthalmia
Neonatorum) | 28. Leprosy |
| 8. Conjunctivitis (Acute
Infectious—In persons
over one month of age. | 29. Lymphopathia Venere-
um; Lymphogranuloma
Venereum; Lympho-
granuloma Inguinale |
| 9. Dengue | 30. Malaria
a. Acquired outside U.S.
b. Acquired within U.S. |
| 10. Diarrhea of the New-
born (Epidemic) | 31. Measles (Morbilli;
Rubeola) |
| 11. Diphtheria | 32. Meningococcal Menin-
gitis and meningococ-
cemia |
| 12. Dog and Other Animal
Bites | 33. Mumps (Infectious
Parotitis) |
| 13. Dysentery, Bacillary
(Shigellosis) | 34. Paratyphoid Fever |
| 14. Encephalitis (Acute
Infectious) | 35. Plague (Human) |
| 15. Erysipelas | |
| 16. Food Infections
(Salmonellosis) | |
| 17. Food Poisonings
(Staphylococcus
Intoxications) | |
| 18. German Measles
(Rubella) | |
| 19. Glanders (Human) | |
| 20. Gonorrhea | |
| 21. Granuloma Inguinale | |

- | | |
|--|--|
| 36. Pneumonia | 43. Smallpox (Variola) |
| a. Pneumococcal | 44. Syphilis |
| b. Primary bacterial
other than
pneumococcal | 45. Tetanus |
| c. Primary atypical
or "virus" | 46. Trachoma |
| 37. Poliomyelitis (Acute
Anterior) | 47. Tuberculosis,
Pulmonary |
| 38. Psittacosis and
Ornithosis | 48. Tularemia |
| 39. Rabies (Hydrophobia) | 49. Typhoid Fever |
| a. Human | 50. Typhus Fever (Brill's
Fever; Murine Typhus) |
| b. Animal | 51. Undulant Fever
(Brucellosis) |
| 40. Ringworm of the Scalp | 52. Vincent's Infections
(Including Vincent's
Angina and Ulcerative
Stomatitis) |
| 41. Rocky Mountain
Spotted Fever | 53. Whooping Cough
(Pertussis) |
| 42. Scarlet Fever and other
Hemolytic Streptococcal
Infections of the Upper
Respiratory Tract | 54. Yellow Fever |

B. Any person having knowledge of the occurrence of any unusual or group expression of illness which may be of public concern, whether or not it is known to be of a communicable nature, should promptly report this information to the local health officer of the county in which occurring.

Section II

Defining the responsibility of practicing physicians and others to report known or suspected cases of the diseases enumerated in Section I, or carriers of the causative infectious agent thereof to the local health officer, and the responsibility of the latter in relation to such reports.

A. Every physician of any school of practice, and every dentist, who diagnoses or recognizes or suspects the existence of any reportable disease or carrier condition enumerated in Section I, in a living patient or person recently deceased seen in his practice, shall promptly advise the local health officer by telephone or written report of such diagnosis or suspicion within twenty-four hours of reaching such conclusion or forming such an opinion.

B. If unattended by a physician, any person who recognizes that he or she is ill with a communicable disease; any parent or householder who recognizes that any member of his family or household is ill with a communicable disease; any keeper of a rooming house, inn, motor court or hotel who suspects that any patron domiciled on his premises is ill with a communicable disease; or any principal or teacher in a public or private school who suspects that any pupil is ill with a communicable disease, shall promptly communicate the information by telephone or writing to the local health officer.

C. Any diagnostic laboratory making an objective diagnosis of any reportable disease from specimens submitted by any physician or dentist, shall promptly report the results to the local health officer, and such report may be accepted in lieu of a direct report from the physician or dentist concerned.

D. If the identity or office of the local health officer is not known to the person possessing the knowledge or suspicion described in "B", above, the report may be made to the mayor of the city or town, or to a county commissioner, who shall promptly transmit the report to the local health officer.

E. Reports of quarantinable diseases made by telephone shall be confirmed in writing within twenty-four hours. Such telephonic and written reports shall give the name and place of residence of the patient (if a minor, that of the parent or guardian as well), the sex, color and age of the patient, the definite or provisional diagnosis, the date of onset, date of the report, and signature of the attending physician or other person making the report.

Reports submitted by a clinical laboratory on behalf of a physician or dentist, shall indicate the name of the professional attendant. Excepting the reports of venereal diseases, which must be enclosed and sealed in a franked envelope provided by the State Board of Health (Section VII, "C", Page 58). Written reports may be made on the franked post card forms furnished to practicing physicians by the State Board of Health.

F. The local health officer shall, at the end of each week, mail to the epidemiologist of the State Board of Health, a transcript of all reports received during that week from the physicians practicing in his jurisdiction on a form to be prescribed by the epidemiologist. In addition, should any local health officer receive report of any real or suspected cases of Cholera, Encephalitis, Plague, Poliomyelitis, Smallpox, Typhoid, or Yellow Fever, a supplemental report shall be immediately sent to the epidemiologist by long distance telephone or telegraph, at the cost of the State Board of Health.

G. The local health officer shall maintain a permanent file of all reports of infections with Leprosy, Syphilis, Tuberculosis and Typhoid Fever. Reports of other communicable diseases may be discarded and burned 120 days after their receipt. A card from permanent file may be discarded if and when information of death comes to the attention of the local health officer, or the removal of such infected person to another health jurisdiction. Final disposition shall be in accordance with instructions from the state epidemiologist.

Section III

Duties and responsibilities of local health officers in relation to the morbidity reports received, and the initiation and supervision of isolation and quarantine of cases of communicable diseases, as outlined in Sections V and VI.

A. When the placarding of premises or the initiation of isolation of patients ill with any communicable disease, or the quarantine of susceptible contacts, is required by any of the provisions of Section VI, the local health officer shall, either in person or by a qualified assistant, cause the same to be done on the day on which the report is received.

B. The local health officer or his deputy shall visit as often as in his judgment circumstances may require, all premises on which cases of communicable diseases are in isolation or persons are in quarantine, to satisfy himself that the regulations of the State Board of Health are scrupulously observed.

C. By deputization from the State Health Officer, the local health officer may order release from isolation or the detention of quarantine when he is satisfied that the provisions of the regulations of the State Board of Health have met compliance.

D. The local health officer, within five days of receiving report of a case of any communicable disease which may have been acquired from the consumption of infected water, milk (or dairy products) or other food, shall cause to be made, on a form prescribed by the epidemiologist of the State Board of Health, a careful investigation of the movements of the patient in the month preceding the onset of his illness, and the source, nature and character of the usual and unusual water, milk and other foods consumed during this period. He shall furnish the epidemiologist a weekly report of the data collected pertaining to each such patient.

E. At the request of the attending physician, the local health officer shall undertake, with the consent of the persons concerned, or of their parents or guardians if minors, the immunization by appropriate means, of attendants, or of persons detained in quarantine. Provided that the health officer shall not be prevented from effecting such immunizations on his own initiative, if desired by the persons concerned, if the attending physician has neglected or refused to perform them earlier.

Section IV

Definitions.

1. An **ADULT** is a person who is sixteen years of age or older, except under the circumstances noted in Definition 5.
2. An **AUTHENTIC RELEASE SPECIMEN** is one collected in such a manner and under such conditions as are approved by the Florida State Board of Health, and which are described in greater detail under different diseases.
3. A **CARRIER** is a person who, without symptoms of a given communicable disease, harbors and disseminates the specific microorganisms thereof. Such a condition may exist under the following circumstances:
 - a. An incubatory carrier is a person who without at the time manifesting symptoms of a specific disease is found to be harboring microorganisms of a specific communicable disease, and who later comes down with the disease.
 - b. A convalescent carrier is a person who has recently recovered from the clinical manifestations of a specific communicable disease, and continues to harbor the microorganisms thereof.
 - c. A contact carrier is a person who, without exhibiting signs of disease, passively harbors microorganisms of a specific communicable disease, as a consequence of contact, direct or indirect, with another case or carrier.
 - d. A chronic carrier is a person who harbors within himself a focus of reproducing microorganisms of a specific communicable disease, and disseminates them either continuously or intermittently without exhibiting further symptoms of the disease in question. Chronicity is subsequently defined for each disease in which it is significant.
4. A **CASE** is a single instance of a patient suffering from a given disease. There may be distinguished:
 - a. The typical case, which shows the usual signs and symptoms, and follows the usual course of the disease in question.
 - b. The atypical case, which does not present all of the usual signs and symptoms of the disease in question, and consequently is difficult to diagnose. (See Subclinical or Inapparent Infection)

c. The missed case is a patient in whom the existence of a communicable disease has previously escaped recognition. If recently ill, the symptoms have been mild and not readily recognizable, and the attack probably of short duration. In this sense it has been atypical. The diagnosis is usually made in retrospect, and usually based on laboratory examinations.

5. A **CHILD** is a person under sixteen years of age. If age sixteen or over, and is in attendance at school, he shall be considered a school child after completion of the twelfth grade.
6. **CLEANING** is the removal, by scrubbing and washing, as with hot water and washing soda, or organic material.
7. A **COMMUNICABLE DISEASE** is an infection caused by a specific microorganism which is transmissible from person to person by various routes.
8. A **CONTAGIOUS DISEASE** is caused by a specific microorganism which is transmitted exclusively or nearly so directly from person to person (i.e. by contagion). A contagious disease is communicable, but a communicable disease is not necessarily contagious.
9. The **COMMUNICABLE PERIOD** is a variable interval during which the microorganisms of a specific communicable disease may be transferred directly or indirectly from the body of an infected person to the body of another person.
10. A **CONTACT** is any person or animal who or which has been in close association with an infected person or animal so as presumably to have been exposed to infection.
11. **CONTACT TRANSMISSION** means the transfer of microorganisms from person to person through the exchange of infective secretions or excretions with the lapse of but a short interval of time, during which the microorganisms are subject to little or no attenuation.
12. **CONTAMINATION** of a surface (such as a wound), of an article (such as a handkerchief) or matter (such as water, milk, dairy products or other food), signifies the presence of human or animal secretions or excretions.
13. **DELOUSING** is the process of treating a person and his personal effects so that neither the eggs or adults of the human louse, *Pediculus humanus*, survive.
14. **DISINFECTION** is the destruction of pathogenic microorganisms by the application of physical or chemical means directly to the situations where they are present.

- a. **Chemical disinfection** implies the application of substances to the contaminated and infected material or objects, which are directly lethal to the pathogenic microorganisms on contact after a short period of exposure. These substances may all be regarded as poisons, and should be handled with care. Some commonly employed are bichloride of mercury, carbolic acid, chloride of lime and Liquor cresolis compositus. They are all used in solution, must be used in an effective concentration, and given a sufficient interval of time to be effective.
- b. **Concurrent disinfection** is the application of some form of disinfection immediately after the discharge of infectious material from the body of an infected person, or after the soiling of objects with such discharges, before an opportunity arises for other persons to come in contact with living organisms therein. This is a procedure of highest importance.
- c. **Terminal disinfection** is the process of rendering the immediate physical environment of the patient free from the possibility of conveying infection to others, after the patient is no longer infectious. Terminal disinfection may be adequately secured by thorough cleaning in accordance with the procedures later described.
15. **DISINFESTATION** is the application of any physical or chemical process by which insects or rodents capable of conveying or transmitting infection, either living on the body, or in and around human habitations, are destroyed upon the person, or clothing, or in the environment. The term insects as here employed, comprises ticks, mites, flies, mosquitoes, lice and fleas.
16. A **FOOD HANDLER** is a person who produces, prepares, packages, or sells food which is not stored and distributed in a tightly closed container, and which is commonly or usually eaten without proper cooking equivalent to boiling, or from which the outside peeling or covering is not usually or commonly removed. All persons handling milk, cream, cheese and similar dairy products, or whose occupation is that of cook, waiter or helper in a kitchen or dining room, shall be considered food handlers.
17. **FOMITES** are objects upon which microorganisms causing communicable diseases may survive or retain their vitality for protracted periods of time, without finding the conditions favorable for their multiplication.

18. **FUMIGATION** as a procedure is now limited to the destruction of insects or rats in confined spaces. Since the substances used, such as sulphur dioxide, cyanide, carbon monoxide, carbon bisulphide, etc., are highly toxic to a wide variety of life, the operation should only be performed by a skilled operator.
19. The **INCUBATION PERIOD** is the interval between the infection or inoculation of a susceptible person with the microorganisms of a specific communicable disease, and the appearance in him of the symptoms characteristic of the disease in question.
20. The term **INFECTED PERSON** comprises patients typically ill with a specific communicable disease, persons atypically ill with subclinical or inapparent infection, as well as carriers.
21. **INFECTION** signifies the entry and multiplication of a pathogenic microorganism in the body of man or animal.
22. An **INFECTIOUS AGENT** is a microorganism capable of establishing itself and multiplying within the body of a person or animal, with or without producing symptoms of disease as a result of such invasion. Illness may shortly arise therefrom if the invaded person or animal is susceptible, but if possessing some degree of immunity, the invasion will not be productive of many or any symptoms. Infectious agents are living organisms, usually microscopic (microorganisms), representative of a wide variety of living forms, and comprise (a) viruses; (b) unicellular vegetable forms (bacteria); (c) multicellular vegetable forms (fungi); (d) unicellular animal forms (protozoa); and (e) multicellular animal forms (worms, arthropods).
23. An **INFECTIOUS DISEASE** is produced as the result of the invasion of the tissues by a living organism; i.e., an infectious agent. It is usually communicable, and may be contagious.
24. **INFESTATION OF THE PERSON, OR ANIMALS, ARTICLES, OR PREMISES.** The infestation of persons or animals implies the lodgement, development, and reproduction of parasitic insects on the surface of the body or in the clothing. By infestation of articles or premises is meant the harborage or sheltering of insects or rodents capable of carrying disease.
25. **ISOLATION** is the separation, for the period of communicability, of infected persons from other persons, in such places and under such conditions as will prevent the direct or indirect conveyance of the infectious agent from such infected persons to other persons.

26. A **MICROORGANISM**, in the sense of these regulations, is a specific infectious agent, rarely visible to the naked eye (worms, arthropods, some fungi), more commonly requiring a high magnification by a microscope for observation, (bacteria, fungi, protozoa, certain worms), or even too small for observation by ordinary microscopes (viruses).
27. The **PATIENT OR SICK PERSON** is a person suffering from a clinically recognizable or suspected attack of a communicable disease.
28. **PLACARDING** is an official procedure executed under state or local authority which consists of posting a warning notice upon the door or entrance to living quarters of persons isolated because of communicable disease.
29. **PREMISES** are defined as:
 - a. The room or rooms, suite of rooms, or apartment, either in a detached dwelling, duplex, or apartment building, occupied by one family.
 - b. In a building containing two or more apartments, only the immediate suite of rooms occupied by the patient and his household.
 - c. In a hotel, the room or suite of rooms occupied by the case, his attendants and family contacts.
 - d. In an institution, the entire institution or that physical portion designated as the premises by the State Health Officer, or his authorized representative.
30. **QUARANTINE** is the limitation of freedom of movement of susceptible persons or animals who or which have been exposed to communicable disease, for a period of time equal to the longest usual incubation period of the disease to which they have been exposed.
31. **ROUTES OF TRANSMISSION OR TRANFERENCE** are the channels by which infectious agents are transferred from person to person, and comprise: (a) air; (b) contact (mouth spray, hands and fingers contaminated with secretions and excretions, direct approximation of body surfaces of two persons); (c) foods (including water, ice, milk and dairy products, meat and shell fish, various other foods); (d) insects (arthropods); (e) soil; and (f) fomites.
32. **SEGREGATION** applies to the separation, for special consideration, control, or observation, of some part of a group of persons from others, to facilitate the control of some communicable disease, particularly for the purpose of separating susceptible from immune persons.

33. A **SOURCE OF INFECTION** is a person or animal who or which is harboring the specific infectious agent capable of inducing, on their transmission, a communicable disease in the person or animal to whom they may become transferred through the contamination of an appropriate route of infection. In the case of certain microorganisms, the sources of infection are exclusively other human beings, in the case of others, the sources are exclusively or commonly various species of lower animals, either domesticated or wild.
34. A **SUBCLINICAL OR INAPPARENT INFECTION** occurs in a person in whom the infecting organism, following the period of incubation, acts in so mild or atypical manner that even though the infection is present it is likely to be unrecognized. (See atypical case.)
35. A **SUSCEPTIBLE** is a person or animal who or which is not known to have become immune to a particular disease or infection by natural or artificial processes. It is presumed that should opportunity for exposure arise, transmission will be successful, and the person will acquire the infection.
36. A **SUSPECT** is a person whose medical history and symptoms suggest that he may now have or be developing an attack of some communicable disease.
37. A **VECTOR** is an insect or arthropod which conveys the microorganisms of certain communicable diseases from a person or animal to another person or animal. The conveyance may be effected either by contact of the insect with the skin or mucous membranes of the person, or by inoculation of the microorganisms into or through the skin or mucous surface in the course of biting the person.

Section V

The general management of patients suffering from a communicable disease, subject to such modification with respect to any individual disease as is described in Section VI.

A. Establishment, conditions, duration and termination of isolation.

1. Upon being informed of the existence of a case carrier or suspected case or carrier of a communicable disease for which isolation is required, the local health officer having jurisdiction in the area in which the patient is situated, shall establish isolation of the patient in accordance with the provisions of these regulations.
2. Isolation at home can only be effective if throughout this period the patient is completely separated from all other members of his household, by detention in a room or suite from which all, excepting his nurse or attendant, are excluded. All superfluous furnishings should be removed, leaving only the pieces essential for the care and comfort of the patient. If the services of one or more trained nurses cannot be provided, the attendant, if one of the household, shall be relieved from all other domestic responsibilities, and under no circumstances shall prepare food to be consumed by persons other than the patient, and shall not have access to the general family supplies of food. The attendant, if not already enjoying a naturally acquired immunity to the disease in question, should immediately receive passive or active immunization.
3. Isolation shall be maintained for the minimum period required in Section VI for the specific disease in question.
4. Isolation may be terminated only by the local health officer having jurisdiction in the area in which the patient is situated, or by the State Health Officer, when the provisions of the regulations of the State Board of Health have met compliance.

B. Establishment, conditions, duration and termination of quarantine.

1. Quarantine of persons who have been in contact with a case, carrier or suspected case or carrier of a communicable disease shall immediately be established by the local health officer having jurisdiction in the area in which the contacts reside when such quarantine is required for the specific disease in question by Section VI.
2. The conditions of quarantine shall be specified by the local health officer.

3. Quarantine of contacts shall be maintained for the minimum period of time required for the specific disease by Section VI.

4. Quarantine may be terminated only by the local health officer having jurisdiction in the area in which the quarantined contact resides, or by the State Health Officer, or when the provisions of the regulations of the State Board of Health have met compliance.

C. Conditions under which patients subject to isolation or quarantine may be removed or transported.

1. Removal of a person under isolation or quarantine to another dwelling or a hospital, may be made only with the permission of the local health officer.

2. Removal of a patient under isolation or quarantine from one health jurisdiction to another within Florida may be made only with the permission of the State Health Officer.

3. Interstate removal may be made only with the permission of the State Health Officer.

4. Transportation of a person under isolation or quarantine shall be made by private conveyance or as otherwise ordered by the local health officer or the State Health Officer, due care being taken to prevent the spread of the disease.

5. Isolation or quarantine shall be immediately resumed upon arrival of the patient at the point of destination, for the period of time required for the specific disease by Section VI.

D. Closure of stores or places of business if satisfactory isolation cannot be effected on premises.

1. Whenever a case, carrier, or suspected case or carrier of a communicable disease resides on premises connected with any store or place of business, such store or place of business shall be closed, **unless** isolation of the patient and quarantine of the contacts can be established and maintained in a manner satisfactory to the State Health Officer or his duly authorized representative, either on the premises or by removal of the patient elsewhere to a satisfactory location.

E. Placarding.

1. Whenever the provisions of Section VI require that the residence or domicile of a case, carrier or suspected case, or carrier of a communicable disease be placarded, the local health officer having jurisdiction over the area

in which said case, carrier or suspected case or carrier is isolated, shall post a placard in a conspicuous place at each outside entrance of the premises wherein the patient is isolated; provided, however, that if the patient is isolated in a general hospital in the manner prescribed by these regulations, the placard need only be posted at the door of the particular room or ward wherein the patient is isolated and need not bear the name of the disease.

2. Whenever the rules of Section VI require that contacts with a case, carrier, or suspected case or carrier of a communicable disease be quarantined, the premises wherein the contacts reside for the duration of the quarantine period, shall be placarded by the local health officer having jurisdiction over the area where the contact is under quarantine.

3. Placards shall not be removed or concealed from public view, shall not be mutilated or defaced, and shall remain posted until the requirements of Section VI relative to the duration of the period of isolation or quarantine for the specific disease have been satisfied.

F. Concurrent and Terminal disinfection.

1. Concurrent disinfection of the secretions and excretions of any person in isolation or quarantine, or the objects contaminated by such secretions or excretions, shall be disinfected in accordance with the provisions of the different sections of this rule.

2. Normal and abnormal discharges from the eyes, ears, nose, throat, sputum, skin lesions and glands shall be collected in or on pieces of cloth, cotton, paper or tissue, and either burned at once, or if allowed to accumulate in disposable containers, be burned not less than twice daily.

3. In handling vessels containing body discharges and other infected materials, the nurse or attendant shall avoid touching or allowing any object which is not to be immediately disinfected, to touch the contaminated surface.

4. The waste bath water shall be either boiled or disinfected by adding a sufficient quantity of Liquor cre-solis compositus to make a 2 per cent solution. However, if the bath water is disposed of in a drain connected with a sanitary sewer, such water need not be disinfected.

5. Bedclothes, pillow slips, sheets, nightgowns, towels, washcloths, or any other cloth or clothing of similar kind, shall be disinfected either by being boiled with

soap and water for ten minutes, or allowed to soak in a 2 per cent solution of Liquor cresolis compositus for 15 minutes before removal from the isolation room, and subsequently boiled for 10 minutes.

6. Dishes, glassware, knives, forks, spoons, or any other eating utensils used in feeding the patient shall be boiled for 10 minutes before washing, and shall not be used by any other member of the family, but shall be set aside for the exclusive use of the patient.

7. Food left overs from the sick room shall be collected and burned.

8. Rectal tubes, douche nozzles, etc., shall be soaked for one hour in a 2 per cent solution of Liquor cresolis compositus, after each use, and when not in use shall be kept immersed in 70 per cent alcohol. Thermometers shall be kept immersed in 70 per cent alcohol.

9. Bowel and bladder discharges (feces and urine) shall be collected in a bed pan or urinal and disinfected by adding a solution of 2 per cent Liquor cresolis compositus of equal volume, and stirring the mixture until all parts have been thoroughly brought in contact with the disinfectant. This mixture shall be allowed to stand, protected from flies, for one hour before being discharged into a sewer or privy vault. A solid stool shall have one pint of water added and then treated as previously described in this Section.

10. Bed pans and urinals when emptied shall be thoroughly cleaned with a solution of disinfectant after each use, and left containing a small amount of the disinfectant. These receptacles shall be screened from flies.

11. A wash basin shall be kept near the door of the isolation room in which all persons, before leaving the room, shall wash their hands thoroughly with soap and water.

12. Washable gowns shall be worn by the attendants while in the isolation room, which shall be removed just prior to leaving and hung within the room just prior to washing the hands.

13. Whenever terminal disinfection is required by the rules of Section VI, it shall be carried out at the termination of the period of isolation, or applied to the quarters vacated when the patient is removed to other quarters to continue isolation. All the furniture, floors, walls, windows and woodwork shall be scrubbed with soap and water and all washable articles shall be thoroughly boiled for 10 minutes. Clothing which cannot be boiled, mat-

tresses and pillows, shall be placed out of doors in full sunlight on successive days until they have had an exposure of at least 24 hours. Milk bottles or food containers shall be boiled for 10 minutes before they are returned to the dairyman or grocer. Soiled library and school books shall be destroyed. Those which are not soiled shall be cleaned and sunned for a total of 24 hours, and subsequently should not be handled or used for a period of one week, after which they may be returned to use. After the cleaning described in the first sentence of this section, the former isolation room and its contents should be given as thorough a sunning as circumstances permit for several days.

G. Application of isolation and quarantine practices to dairymen or dairy employees or members of their households.

1. Whenever a case, carrier, or suspected case or carrier of Amebiasis, Diphtheria, Bacillary Dysentery (Shigellosis), Food Infection (Salmonellosis), Meningococcal Meningitis, Paratyphoid Fever, Poliomyelitis, Scarlet Fever or infections of the upper respiratory tract due to hemolytic streptococci, Smallpox, Tuberculosis or Typhoid Fever occur on any farm or dairy producing milk, cream, butter, cheese or other foods likely to be consumed raw away from the premises, or in the home of a distributor thereof, no such foods shall be sold, exchanged, removed, or distributed from such home or dairy during the period of isolation or quarantine, except under the following conditions: A neighbor, tenant farmer, or employee who has not been in contact with the patient and who continues to reside in a different dwelling or household, or a home contact who has been released from quarantine in accordance with Section VI for the specific disease, may take care of the milk or food production, provided the following restrictions are observed:

(a) During the period of isolation or quarantine, all milk or cream produced on the farm shall not leave the premises unless it is sent to a pasteurization plant where it shall be pasteurized prior to sale at wholesale or retail.

(b) Neither the herd, the employees, the food produced, the utensils, etc., may be permitted to have any contact, direct or indirect, with the patient or his attendant, the residence or household of the patient, those residing in the same household with the patient, or with articles or utensils from such a household.

(c) Upon agreement of the person or persons who will handle production during the period of isolation or quarantine to observe the restrictions of the preceding sentence, he or they may be issued a food handler's permit by the Florida State Board of Health, which he or they may sign in testimony of good faith. The permit shall be countersigned by the local health officer having jurisdiction, who shall thereafter make inspections at least weekly to see that this rule is observed.

(d) Pasteurization of the milk shall be continued for one week following termination of isolation or quarantine.

2. The patient, after recovery, shall not assist in any dairy or food production operations until he has been released from isolation.

H. The control of communicable diseases in school children when schools are in session.

1. Whenever the presence of communicable disease in children or in the community renders school closure advisable, the local health officer shall issue a supplementary order requiring all children of school age or younger to remain upon their own residential premises.
2. Children infected with a communicable disease shall not be permitted to attend school, unless specifically excepted by the rule for the specific disease in Section VI.
3. School children suspected of being infected with communicable disease shall be refused admittance to school by the teacher or principal.

I. Use of laboratory examinations to determine the duration of isolation or quarantine.

1. Whenever the rules of Section VI require the submission of laboratory specimens to be examined for the presence of specific microorganisms in order to control the duration of isolation and quarantine, or to determine eligibility for release therefrom, reports of such examinations will not be accepted by a local health officer unless they have been examined in a laboratory of the Florida State Board of Health or in another laboratory approved by the State Board of Health for the specific tests required.

J. Isolation in hospitals.

1. Cases of communicable disease may be hospitalized in a general hospital or a children's hospital, provided that the patient is isolated in a private room, a cubicle, or in a ward where none but patients with the same dis-

case are segregated, and further provided that strict isolation technique is observed. The requirements of the rule relating to the specific disease which the patient experienced, as described in Section VI, must be observed before the patient leaves the hospital. However, the removal of the patient to his home during the convalescent period of isolation may be permitted, provided the requirements under "C" of this Section are observed.

2. Nurses and attendants caring for communicable disease patients shall not come in contact with obstetrical or surgical patients until a period of time equal to the incubation period of the particular disease has elapsed since their last contact with such patients.

K. Conduct of funerals, and the transportation and disinterment of dead bodies when death has occurred from certain communicable diseases.

1. A burial-removal-transit permit issued by the local registrar, his deputy or sub-registrar of the registration district in which the death occurred, or the body was found, must accompany each dead body when transported.

a. The burial-removal-transit permit must state the place of death, name of the deceased, sex, color, or race, age, and the date of death, the date of shipment, the point of shipment and destination, and shall bear the signature and title of the local registrar who issued the burial-removal-transit permit.

b. The burial-removal-transit permit shall bear the signature of the funeral director and show the license number of the funeral director issued by the State Board of Funeral Directors and Embalmers of Florida.

2. The bodies of those who died of Smallpox, Bubonic Plague, Asiatic Cholera, Glanders, Anthrax, or Epidemic Meningitis, shall not be accepted for transportation unless prepared in the following manner:

a. Arterial and cavity injection with an approved disinfecting fluid.

b. Disinfection and stopping of all orifices with absorbent cotton.

c. Washing the body with disinfectant.

d. The body, after being prepared in the above manner, shall be encased in an airtight iron, steel, zinc, copper or lead lined coffin or casket, all joints

and seams hermetically sealed or sealed by gasket and all encased in a strong metal or wooden box; or the body placed in a strong coffin or casket and encased in an airtight vault or outer wooden box lined with not less than twenty-eight (28) gauge metal lining.

3. The bodies dead from any cause not specified in "2" above, shall be accepted for transportation only when encased in a sound coffin or casket and enclosed in a strong outside wooden box or metal vault; provided that the body will reach its destination within eighteen (18) hours from time of death. If the body cannot reach its destination within eighteen (18) hours from time of death, then the body must be prepared as provided by "2, a and b," above. The outside case may be omitted in all instances when the coffin or casket is transported in hearse, funeral director's vehicle, private vehicle, private railroad car, or private airplane. A body to be transported by common carrier must in all instances be encased in a sound coffin or casket and enclosed in a strong outside wooden box or metal vault.

4. In the shipment of bodies dead from any of the diseases named in "2" above, such bodies shall not be accompanied by persons or articles which have been exposed to the infection of the disease, unless certified by the local or state health officer as having been properly disinfected.

5. No dead body shall be disinterred for transportation without the written consent of the State Health Officer. All disinterred remains shall be encased in an airtight iron, steel, zinc, copper or lead lined coffin or casket, all joints and seams hermetically sealed or sealed by gasket and all encased in a strong metal or wooden box; or the body placed in a strong coffin or casket and encased in an airtight metal vault or outer wooden box lined with not less than a twenty-eight (28) gauge metal lining.

6. When dead bodies are to be shipped by express, all of the preceding rules shall apply except the burial-removal-transit permit shall be attached to and accompany the waybill.

7. Bodies deposited in vaults, public or private, shall be prepared in accordance with "2, d," above.

8. When a body has been held fifteen (15) days from date of death, permission of the State Health Officer must be obtained before the body is offered for transportation.

L. Agreement releasing chronic carrier of Typhoid, Paratyphoid, Bacillary Dysentery, and Amebic Dysentery from the ordinary restrictions of quarantine.

State Health Officer
Jacksonville, Florida

Date

Dear Sir:

I, acknowledge an agreement made with Dr. Health Officer of County on this date, by which I am to be permitted to remain in free communication with other persons as long as I comply with the following requirements:

(1) I will not handle food to be consumed by members of my family or other people.

(2) I will wash my hands with soap and water after each and every visit to the toilet.

(3) I will not bathe in any pool public or private.

(4) I agree to advise the local health officer of County of any change of residence within said County within thirty days of such change and should I change my residence to another County, I will notify the State Health Officer within the same interval of time.

(5) I agree to submit such fecal specimens for laboratory examination as may be requested by the state or local health officer.

(6) If my residential premises are not connected with a sewer I agree to install, maintain, and use, a fly proof toilet of a type approved by the State Board of Health.

I understand that failure to observe the above stipulations will justify the revocation of the privilege of free communication and that I may thereafter be subjected to the provisions of quarantine applicable to persons in my condition.

Signed:

In witness of which agreement, I hereby grant permission to to be in free communication with other persons as long as he complies with the above stipulations.

Signed:

(County Health Officer)

Address:

Section VI

Procedure for the control of specific communicable diseases.

1. ACTINOMYCOSIS

Control of Case:

- a. Placarding of premises is **not** required.
- b. Isolation is **not** required.
- c. Concurrent disinfection of all discharges from lesions and articles soiled therewith is required.
- d. Terminal disinfection by thorough cleaning is required.
- e. Quarantine: None.
- f. Immunization: None.

Control of Contacts:

- a. No restrictions are required.

2. AMEBIASIS (Dysentery, Amebic)

- a. Placarding of premises is **not** required.
- b. Isolation is not required, but specimens of feces must be submitted from cases or carriers until three consecutive specimens, taken not less than one week apart, are negative for trophozoites, or cysts of **Endamoeba Histolytica**. Food handling by a case or carrier is prohibited until the above requirements have been fulfilled. (For chronic carrier agreement see "L," Section V, page 29.) All specimens must be examined in a laboratory of the Florida State Board of Health, or in one approved by it, for the diagnosis of Amebiasis.
- c. Concurrent disinfection of feces and washing of the hands after bowel evacuation is required.
- d. Terminal disinfection other than cleaning is not required.
- e. Quarantine: None.
- f. Immunization: None.

Control of Contacts:

- a. Members of the same household or other intimate contacts shall submit at least two specimens

of feces taken not less than four days apart, for examination in a laboratory of the Florida State Board of Health, or in one approved by it, for the diagnosis of Amebiasis.

Sale of Food, Milk, etc.:

(See "G," Section V, page 25).

3. ANTHRAX (Human)

Control of Case:

- a. Placarding of premises is **not** required.
- b. Isolation is required until lesions have healed. Attendants must exercise extreme care for own protection.
- c. Concurrent disinfection of discharges from lesions is required. (Spores can be killed only by measures such as incineration or steam under pressure.)
- d. Terminal disinfection by thorough cleaning is required.
- e. Quarantine: None.
- f. Immunization: None.
- g. Cremation of corpses of fatal cases, without embalming, is recommended. Local health officers should advise embalmers of measures for their own protection.

Control of Contacts:

- a. No restrictions are required if patient is properly isolated.

4. CHANCROID

Rules applicable to venereal diseases are given in Section VII, page 58.

5. CHICKENPOX (Varicella)

Control of Case:

- a. Placarding of premises is **not** required.
- b. Isolation is required until all crusts have disappeared from the skin.

- c. Concurrent disinfection of articles soiled by discharges from nose, throat, and other lesions is required.
- d. Terminal disinfection may be limited to thorough cleaning of the isolation room.
- e. Quarantine: None.
- f. Immunization: None advised.

Control of Contacts:

- a. No restrictions are required.

6. CHOLERA (Asiatic)

Control of Case:

- a. Placarding of premises is required.
- b. Isolation in a screened room is required until three consecutive specimens of feces and urine taken not less than twenty-four hours apart are negative for the **Vibrio Comma**. Attendants must exercise extreme care for own protection.
- c. Concurrent disinfection of all discharges is required.
- d. Terminal disinfection by thorough cleaning is required.
- e. Quarantine: Same as "b" above.
- f. Immunization: See "b" under Control of Contacts.

Control of Contacts:

- a. Quarantine of contacts is required for five days from the last exposure or until two successive stool and urine cultures taken not less than twenty-four hours apart are negative for the **Vibrio Comma**.
- b. Prompt immunization of all contacts is required.

7. CONJUNCTIVITIS OF THE NEWBORN

(Acute Infectious, Ophthalmia Neonatorum)

(Includes Gonorrheal and Pneumococcal Ophthalmia)

Control of Case:

- a. Placarding of premises is **not** required.
- b. Isolation is required until clinical recovery.
- c. Concurrent disinfection of purulent secretions

from conjunctivæ and of articles soiled therewith is required.

d. Terminal disinfection by thorough cleaning is required.

e. Quarantine: None.

f. Immunization: None.

Control of Contacts:

a. No restrictions are required.

8. CONJUNCTIVITIS, ACUTE INFECTIOUS

(In Persons Over One Month of Age)

Control of Case:

a. Placarding of premises is **not** required.

b. No isolation is required if under proper care.

c. Concurrent disinfection of purulent secretions from conjunctivæ and articles soiled therefrom is required.

d. Terminal disinfection other than cleaning is **not** required.

e. Quarantine: None.

f. Immunization: None.

Control of Contacts:

a. No restrictions are required.

9. DENGUE

Control of Case:

a. Placarding of premises is **not** required.

b. Isolation in a screened room until complete recovery is required.

c. Concurrent disinfection is **not** required.

d. Terminal disinfection is **not** required.

e. Quarantine: None.

f. Immunization: None.

Control of Contacts:

a. No restrictions are required.

10. DIARRHEA OF THE NEWBORN (Epidemic)

Control of Case:

- a. Placarding of residential premises is **not** required.
- b. Isolation is required. The infected infant shall be immediately removed from the nursery to isolation quarters where it shall be cared for by a separate nursing staff skilled in isolation technique, and who do not come in contact with other infants or children.
- c. Concurrent disinfection of all discharges and articles soiled therewith is **required**.
- d. Terminal disinfection by thorough cleaning of nursery and equipment is **required**.
- e. Quarantine: Closure of contaminated nursery to new admissions, and suspension of maternity service. All exposed babies in the nursery should be cared for by separate medical and nursing personnel, skilled in communicable disease techniques. Babies should be observed for at least two weeks following the removal of the last case from the contaminated nursery, and all new cases should be immediately removed to isolation quarters. The maternity service may be renewed after discharge of all contacts, babies, and mothers.
- f. Immunization: None.

Control of Contacts:

- a. In addition to "e" above, bacteriologic examination of stools is required of all sick and exposed babies, mothers, and maternity service personnel.

11. DIPHTHERIA

Control of Case or Carrier:

- a. Placarding of premises **is** required.
- b. Isolation is required until two successive cultures from both nose and throat, taken not less than twenty-four hours apart, are negative for Diphtheria bacilli, or when a virulence test proves the bacilli to be avirulent. Cultures shall not be submitted for virulence tests until at least twenty-one days after the onset of the disease.
- c. Concurrent disinfection of all articles which have been in contact with the patient and all articles soiled by discharges of the patient is required.

d. Terminal disinfection by thorough cleaning, airing and sunning of the sick room is required.

e. Quarantine: All intimate contacts whether adults or children whose occupation involves handling of foods or close association with children, shall be subjected to quarantine until shown by bacteriologic examination not to be carriers.

f. Immunization: Passive immunization with antitoxin is rarely necessary for exposed persons over five years of age, for whose protection daily examination by a physician or nurse suffices. Infants and young children exposed to Diphtheria in the family should receive a prophylactic dose of antitoxin without prior Schick testing, unless they are known to have been immunized.

Control of Contacts:

a. See "e" above.

Sale of Food, Milk, etc.:

See "G," Section V, page 25.

12. DOG AND OTHER ANIMAL BITES

Reports:

Every instance in which a person is bitten, scratched by the teeth or otherwise wounded by a dog or other carnivorous animal, domestic or wild, or every instance in which a person has handled a known or suspected rabid animal, shall be reported promptly to the local health officer. Dog bites are to be reported on franked cards as employed for reporting communicable diseases.

Investigations:

All instances of animal bites shall be investigated promptly by the local health officer, to determine, if possible, whether or not the animal in question had rabies and if the person bitten is in need of prophylactic vaccination.

Control of Dogs:

Any dog or other animal known to have bitten a human being shall be captured alive, if possible, and shall be quarantined under observation for a period of fourteen days. If the animal is killed, the head should be detached without mutilation and forwarded to one of the State Board of Health laboratories where examination for rabies can be made.

13. DYSENTERY, BACILLARY (Shigellosis)

Control of Case:

- a. Placarding of premises is **not** required except in the presence of an epidemic.
- b. Isolation in a screened room is required of all clinically active cases, until two consecutive specimens of feces, taken not less than seventy-two hours apart, are negative for dysentery organisms. All specimens for release purposes must reach an approved laboratory within twenty-four hours after passage. Clinically recovered cases, whose specimens are still positive, may be granted the same modified quarantine privileges as described for chronic carriers. (See "L," Section V, page 29.)
- c. Concurrent disinfection of bowel discharges is required.
- d. Terminal disinfection by thorough cleaning is required.
- e. Quarantine: None.
- f. Immunization: No method of immunization has as yet proved satisfactory.

Control of Carrier:

See "L," Section V, page 29.

Control of Contacts:

- a. All household contacts shall submit two successive specimens of feces taken not less than twenty-four hours apart.
- b. No other restrictions are required of home contacts unless they are food handlers, in which case they must not engage in their usual occupation as long as they reside on the premises where the patient is in isolation.

Sale of Food, Milk, etc.:

See "G," Section V, page 25.

14. ENCEPHALITIS, ACUTE INFECTIOUS

Control of Case:

- a. Placarding of premises is **not** required.
- b. Isolation in a screened room during the febrile period is required.
- c. Concurrent disinfection of all secretions and excretions is required.

- d. Terminal disinfection is **not** required.
- e. Quarantine: None.
- f. Immunization: None.

Control of Contacts:

- a. No restrictions are required.

15. ERYSIPELAS

Control of Case:

- a. Placarding of premises is **not** required.
- b. Isolation is required until inflammation has subsided and all purulent discharges have ceased.
- c. Concurrent disinfection of all purulent discharges and careful disposal of all dressings is required.
- d. Terminal disinfection by thorough cleaning is required.
- e. Quarantine: None.
- f. Immunization: None.

Control of Contacts:

- a. No restrictions are required.

16. FOOD INFECTIONS (Salmonellosis)

Control of Case or Carrier:

- a. Placarding of premises is **not** required.
- b. Isolation is not required, but specimens of feces of cases or carriers must be submitted until two consecutive specimens taken not less than twenty-four hours apart are negative for salmonella organisms. Food handling or occupations involving the care of children by a case or carrier are prohibited, until above requirements have been fulfilled. If case or carrier refuses to submit specimens as required above he shall be placed in isolation and the premises placarded.
- c. Concurrent disinfection of all bowel discharges and articles soiled by them is required.
- d. Terminal disinfection other than thorough cleaning is **not** required.
- e. Quarantine: None.
- f. Immunization: None.

Control of Contacts:

- a. No restrictions are required.

Suspected Food:

- a. Samples of food suspected of being the source of food infections shall be obtained by the local health officer and sent for examination to a laboratory of the State Board of Health or one approved by it for such examinations.

Sale of Food, Milk, etc.:

See "G," Section V, page 25.

17. FOOD POISONING (Staphylococcus Intoxications)**Control of Case:**

- a. Placarding of premises is **not** required.
- b. Isolation is **not** required.
- c. Concurrent disinfection is **not** required.
- d. Terminal disinfection is **not** required.
- e. Quarantine: None.
- f. Immunization: None.

Suspected Food:

- a. Samples of food suspected of being the source of food infection shall be obtained by the local health officer and sent for examination to a laboratory of the State Board of Health or one approved by it for such examinations.

18. GERMAN MEASLES (Rubella)**Control of Case:**

- a. Placarding of premises is **not** required.
- b. Isolation is required from onset of catarrhal symptoms until five days after the appearance of the rash.
- c. Concurrent disinfection is **not** required.
- d. Terminal disinfection is **not** required.
- e. Quarantine: None.
- f. Immunization: None.

Control of Contacts:

- a. No restrictions are required.

19. GLANDERS (Human)

Control of Case:

- a. Placarding of premises is **not** required.
- b. Isolation is required until all lesions have healed. (Attendants must exercise extreme care for their own protection.)
- c. Concurrent disinfection of all purulent discharges or articles soiled therewith is required. **Skin contacts with the lesions in the living or dead body is to be scrupulously avoided.**
- d. Terminal disinfection of stable and contents is required.
- e. Quarantine: Of all horses in an infected stable until all have been tested by specific reaction, and the removal of infected horses and terminal disinfection of stable have been accomplished.
- f. Immunization: None accepted.
- g. Cremation of corpses of fatal cases is recommended. The local health officer should advise embalmers of measures for own protection.

Control of Contacts:

- a. No restrictions are required.

20. GONORRHEA

Rules applicable for venereal diseases are given in Section VII, page 58.

21. GRANULOMA INGUINALE

Rules applicable for venereal diseases are given in Section VII, page 58.

22. HEMORRHAGIC JAUNDICE

(Icterohemorrhagic Spirochetosis; Weil's Disease)

Control of Case:

- a. Placarding of premises is **not** required.
- b. Isolation is **not** required.
- c. Concurrent disinfection of urine and other discharges of patient is required.
- d. Terminal disinfection is **not** required.

- e. Quarantine: None.
- f. Immunization: None practical.

Control of Contacts:

- a. No restrictions are required.

23. HOOKWORM DISEASE (Ancylostomiasis; Uncinariasis)

Control of Case:

- a. Placarding of premises is **not** required.
- b. Isolation is **not** required.
- c. Concurrent disinfection of bowel discharges and sanitary disposal to prevent contamination of soil and water is required.
- d. Terminal disinfection is **not** required.
- e. Quarantine: None.
- f. Immunization: None.

Control of Contacts:

- a. No restrictions are required.

24. HEPATITIS, INFECTIOUS (Acute Catarrhal Jaundice)

Control of Case:

- a. Placarding of premises is **not** required.
- b. Isolation is required during the first week of illness.
- c. Concurrent disinfection of discharges of nose, throat, bladder and bowels is required.
- d. Terminal disinfection is **not** required.
- e. Quarantine: None.
- f. Immunization: None.

Control of Contacts:

- a. No restrictions are required.

25. IMPETIGO CONTAGIOSA (In Institutions)

Control of Case:

- a. Placarding of premises is **not** required.
- b. Isolation from other children is required until all vesicles are healed.

- c. Concurrent disinfection: Careful disposal of dressings and moist discharges from the patient, and sterilization of underclothes and towels before laundering; care should be taken to avoid reinfection from contaminated washcloths, combs, etc.
- d. Terminal disinfection of all toilet articles is required.
- e. Quarantine: None.
- f. Immunization: None.

Control of Contacts:

- a. No restrictions are required.

26. INFLUENZA

Control of Case:

- a. Placarding of premises is not required, but visiting should be discouraged.
- b. Isolation is required during the acute stage of the illness.
- c. Concurrent disinfection of discharges from mouth and nose is required.
- d. Terminal disinfection is **not** required.
- e. Quarantine: None.
- f. Immunization: A single subcutaneous injection of 1 cc (Types A and B) is recommended for complete immunization and should be given in the face of an epidemic. This is frequently given in two doses of $\frac{1}{2}$ cc each, the interval being seven days.

Control of Contacts:

- a. No restrictions are required.

27. KERATO-CONJUNCTIVITIS, INFECTIOUS

(Superficial Punctate Keratitis; Nummular Keratitis)

Control of Case:

- a. Placarding of premises is **not** required.
- b. Isolation is **not** required.
- c. Concurrent disinfection of conjunctival secretions is required.
- d. Terminal disinfection is **not** required.
- e. Quarantine: None.
- f. Immunization: None.

Control of Contacts:

- a. No restrictions are required.

28. LEPROSY

Control of Case:

- a. Placarding of premises is **not** required.
- b. Isolation is required until transfer to the Federal Leprosarium or until clinical or laboratory examination demonstrates non-infectivity.
- c. Concurrent disinfection of all discharges and articles soiled therewith is required.
- d. Terminal disinfection by thorough cleaning of living premises is required.
- e. Quarantine: None.
- f. Immunization: None.

Control of Contacts:

- a. No restrictions are required.

29. LYMPHOPATHIA VENEREUM; LYMPHOGRANULOMA VENEREUM; LYMPHOGRANULOMA INGUINALE

Rules applicable to venereal diseases are given in Section VII, page 58.

30. MALARIA

(Acquired outside U. S.; Acquired within U. S.)

Control of Case:

- a. Placarding of premises is **not** required.
- b. Isolation is **not** required, but the patient must be properly protected from bites of mosquitoes and shall be treated continuously until the blood is free of malaria parasites. No patient, who has been inoculated with malaria parasites for the purpose of treatment, shall be discharged from a hospital or from the care of a physician until he has been rendered free of parasites by adequate specific treatment.
- c. Concurrent disinfection is **not** required.
- d. Terminal disinfection is **not** required.
- e. Quarantine: None.
- f. Immunization: None.

Control of Contacts:

- a. No restrictions are required.

31. MEASLES (Morbilli; Rubeola)

Control of Case:

- a. Placarding of premises is **not** required.
- b. Isolation is required from the onset of catarrhal symptoms until five days after the appearance of the rash and thereafter until the catarrhal symptoms and the abnormal secretions of the mucous membranes have ceased.
- c. Concurrent disinfection of all articles soiled with secretions from the nose and throat is required.
- d. Terminal disinfection other than thorough cleaning is **not** required.
- e. Quarantine: When the disease is very prevalent and in large communities, quarantine of exposed susceptible children is impracticable and of no value. Exclusion of exposed susceptible school children and teachers from school until fourteen days from last exposure may be justifiable under sparsely settled rural conditions. This applies to exposure in the household. Exclusion of exposed susceptible children from all public gatherings under the same conditions for the same period. If the date of only exposure is reasonably certain, an exposed susceptible child of school age may be allowed to attend school for the first seven days of the incubation period. Quarantining of institutions of young children and of wards or dormitories where exposure is suspected is of value. Strict segregation of infants if a case occurs in an institution is important.
- f. Immunization: By the use of the serum of convalescent patients, or of any healthy adult who has had measles, or by the use of an immune globulin preparation given to a person within five days after his first exposure to a known case of measles, the attack in the exposed person may be averted in a considerable percentage of instances; if not averted, the disease may be modified. Such passive immunity may persist for a few weeks, but not more than four. Given later, but at a time prior to the clinical onset of the disease, convalescent serum usually modifies the severity of the attack and the patient probably acquires the usual lasting immunity to the disease.

Control of Contacts:

- a. See "e" above.

32. MENINGOCOCCAL MENINGITIS AND MENINGOCOCCEMIA

Control of Case:

- a. Placarding of premises is required.
- b. Isolation is required for two weeks from date of onset and thereafter until clinical recovery, or until a negative culture from nasopharynx is obtained.
- c. Concurrent disinfection of discharges from nose and throat and articles soiled therewith is required.
- d. Terminal disinfection other than cleaning is **not** required.
- e. Quarantine: None.
- f. Immunization: None.

Control of Contacts:

- a. Contacts who continue to reside on the same premises with the case shall be quarantined for the period of isolation of the case.
- b. Household contacts may with permission of the local health officer be removed from the premises to remain away for the duration of the isolation period.

Sale of Food, Milk, etc.:

See "G," Section V, page 25.

33. MUMPS (Infectious Parotitis)

Control of Case:

- a. Placarding of premises is **not** required.
- b. Isolation is required until the swelling of the salivary glands has disappeared.
- c. Concurrent disinfection of secretions of nose and throat is required.
- d. Terminal disinfection is **not** required.
- e. Quarantine: None.
- f. Immunization: None.

Control of Contacts:

- a. No restrictions are required.

34. PARATYPHOID FEVER

See Typhoid Fever; page 53.

35. PLAGUE (Human)

Control of Case:

- a. Placarding of premises is required.
- b. Isolation in a screened room free from rats, bed bugs and fleas is required. Attendants must exercise extreme care for their own protection.
- c. Concurrent disinfection of all secretions and excretions and articles soiled therewith is required.
- d. Terminal disinfection, including disinfestation, is required.
- e. Quarantine: All contacts shall be quarantined for seven days following last exposure to case.
- f. Immunization: Practicable only for persons believed to be exposed to unusual risks of infection.
- g. Cremation of corpses of fatal cases is recommended. Local health officers should advise embalmers of measures for own protection.

Control of Contacts:

- a. See "e" above.

36. PNEUMONIA

(Pneumococcal; Primary Bacterial, Other than Pneumococcal; Primary Atypical or "Virus")

Control of Case:

- a. Placarding of premises is **not** required.
- b. Isolation is required during the febrile and acute clinical stage of the disease.
- c. Concurrent disinfection of secretions of mouth and nose is required.
- d. Terminal disinfection by thorough cleaning and airing is required.
- e. Quarantine: None.
- f. Immunization: For active type—specific immunization against pneumococcal pneumonia—Solution of *Pneumococcus Polysaccharides* Type—specific, is administered subcutaneously in one injection. Administration in the fall will give adequate protection throughout the following year.

Control of Contacts:

- a. No restrictions are required.

37. POLIOMYELITIS (Acute Anterior)**Control of Case:**

- a. Placarding of premises **is** required.
- b. Isolation is required for two weeks from date of onset.
- c. Concurrent disinfection of all nose, throat, and bowel discharges and articles soiled therewith is required.
- d. Terminal disinfection is **not** required.
- e. Quarantine: None.
- f. Immunization: None.

Control of Contacts:

- a. All household contacts under sixteen years of age shall be quarantined for two weeks from date of last contact with patient.
- b. Adult contacts who are food handlers or school teachers are prohibited from engaging in their usual occupation for two weeks from date of last contact with patient; otherwise, there are no restrictions on their movements or activities.

Sale of Food, Milk, etc.:

See "G," Section V, page 25.

38. PSITTACOSIS AND ORNITHOSIS**Control of Case:**

- a. Placarding of premises is required.
- b. Isolation is required during the febrile and acute clinical stage of the disease.
- c. Concurrent disinfection of all secretions of mouth and nose is required.
- d. Terminal disinfection: Incriminated birds should be killed and their bodies immersed in 2 per cent cresol. Carcasses should be burned before feathers dry.
- e. Quarantine: Buildings which house birds should be quarantined until thoroughly cleaned and disinfected.
- f. Immunization: No demonstrated method yet fully accepted.

Control of Contacts:

- a. No restrictions are required.

Control of Infected Birds and Premises:

- a. All premises, where any bird known to be infected with Psittacosis or Ornithosis is or has been located, shall be closed and placarded for one week and shall not be reopened until thoroughly cleaned and disinfected.
- b. All incriminated birds shall be killed and the bodies immersed in 2 per cent cresol. Carcasses shall be burned before the feathers have dried. When shipment of the carcass to a laboratory for examination is desired, prior permission must be obtained from the State Health Officer or his duly authorized representative and made in accordance with instructions given.

Sale of Birds within State:

- a. There are no restrictions on the sale of birds free from Psittacosis within the State of Florida.

Interstate Shipment of Birds:

- a. Shipment of birds to points within or outside the State of Florida must comply with the U. S. Interstate Quarantine Regulations which pertain to the shipment and transportation of birds of the Psittacine family. (See Appendix I, page 61.)

Procedure for Obtaining Interstate Certificate:

- a. Copies of "Interstate Certificate," which are to be filled out in quadruplicate by the shipper, are provided upon request by the Florida State Board of Health, Jacksonville. An affidavit filled out by a local veterinarian, certifying that the bird or birds is/are free from any evidence of disease, must accompany the certificate. Two copies of the certificate are then returned to the shipper, one copy to be retained by him and one copy to accompany the shipment. One copy is forwarded by the Florida State Health Officer to the State Health Department into which state the birds are shipped.

39. RABIES (Hydrophobia) (Human and Animal)

Control of Case:

- a. Placarding of premises is **not** required.

- b. Isolation is not required if the patient is under adequate medical supervision, and the immediate attendants are warned of possibility of inoculation by human virus.
- c. Concurrent disinfection of saliva of patients and articles soiled therewith is required.
- d. Terminal disinfection is **not** required.
- e. Quarantine: None.
- f. Immunization: Immediate antirabic vaccination of persons bitten by or intimately exposed to the saliva of a rabid animal, or of any animal suspected of being rabid, especially a dog. The possible chance of infection is to be weighed against the very small chance of developing paralysis due to treatment.

Control of Contacts:

- a. No restrictions are required.

40. RINGWORM OF THE SCALP

Control of Case:

- a. Placarding of premises is **not** required.
- b. Isolation is not required, but infected children shall be excluded from schools, theaters, and other public places until all lesions have healed. However, the local health officer may grant permission to infected children to attend school provided such children are receiving adequate treatment and further provided that a tight fitting, washable, or disposable skull cap, covering all the hair, is worn at all times. Such a cap shall be changed once daily and boiled in a 5 per cent cresol solution for ten minutes after each use or if disposable shall be burned after use.
- c. Concurrent disinfection of all towels, washcloths, head coverings and all toilet articles is required.
- d. Terminal disinfection is **not** required.
- e. Quarantine: None, but all children under fifteen in the household or institution group should be examined with suitably filtered ultraviolet light at regular intervals until the source case is completely cured.
- f. Immunization: None.

Control of Contacts:

- a. See "e" above.

41. ROCKY MOUNTAIN SPOTTED FEVER**Control of Case:**

- a. Placarding of premises is **not** required.
- b. Isolation is **not** required.
- c. Concurrent disinfestation, consisting of the careful removal and destruction, without crushing, of all ticks on the patient, is required.
- d. Terminal disinfection is **not** required.
- e. Quarantine: None.
- f. Immunization: None.

Control of Contacts:

- a. No restrictions are required.

42. SCARLET FEVER AND OTHER HEMOLYTIC STREPTOCOCCAL INFECTIONS OF THE UPPER RESPIRATORY TRACT**Control of Case:**

- a. Placarding of premises is **not** required.
- b. Isolation is required for a minimum period of fourteen days after onset and thereafter until the nose, throat, glands, and ears are normal on inspection or until the physician reports complete clinical recovery.
- c. Concurrent disinfection of secretions of mouth, nose, any purulent discharges, or articles soiled therewith, is required.
- d. Terminal disinfection by thorough cleaning of contaminated objects, scrubbing floors, and sunning blankets is required.
- e. Quarantine: None.
- f. Immunization: By active immunization a potential Scarlet Fever patient can be made Dick negative.

Control of Contacts:

- a. All home contacts who continue to reside on the premises shall be restricted for the duration of the isolation period of the patient, with the following exception: With the written permission of the local health officer, the wage earner may be permitted to continue his work provided he is over sixteen years of age, has no direct contact with the patient and is

not a food handler, a school teacher, or employee around a school or other place where there are children. This privilege is granted solely for the purpose of permitting the wage earner to continue his occupation and he shall not enter any other premises not in line with his employment.

b. Household contacts may, with the permission of the local health officer, be removed from the premises to remain away for the duration of the isolation period and after removal may go about their usual routine.

c. When a case occurs in school, the health officer shall notify the school authorities and all children in the room shall be placed under daily medical or nursing observation for seven days for any signs of illness. Any child with suggestive symptoms shall be excluded from school and the health officer notified.

d. Home contacts should be advised to take the Dick test and if they react positively to be immunized with Scarlet Fever toxoid.

Sale of Food, Milk, etc.:

See "G," Section V, page 25.

43. SMALLPOX (Variola)

Control of Case:

a. Placarding of premises **is** required.

b. Isolation is required until all lesions have healed and the scabs have fallen off. The attendant should be a person who has recently been successfully vaccinated or shows an immune reaction.

c. Concurrent disinfection of all discharges and articles soiled therewith **is** required.

d. Terminal disinfection by thorough cleaning is required.

e. Quarantine: All contacts will be quarantined until vaccinated with a vaccine of full potency and daily medical observation of these contacts until the height of the reaction is passed, if vaccination is performed within twenty-four hours of the first exposure and the strain of smallpox was of the Variola Minot type; otherwise for sixteen days from last exposure.

f. Immunization: Vaccination. Only dermal vaccination is recommended. The reaction at the vaccination site should be carefully observed and recorded at least three and nine days after vaccination to determine whether the maximum diameter of redness was under three days (immediate reaction), over seven days (vaccinia), or intermediate between these two (vaccinoid).

Control of Contacts:

See "e" above.

Sale of Food, Milk, etc.:

See "G," Section V, page 25.

44. SYPHILIS

Rules applicable to venereal diseases are given in Section VII, page 58.

45. TETANUS

Control of Case:

- a. Placarding of premises is **not** required.
- b. Isolation is **not** required.
- c. Concurrent disinfection is **not** required.
- d. Terminal disinfection is **not** required.
- e. Quarantine: None.

f. Immunization: Active immunization with tetanus toxoid is desirable for those likely to be exposed to infection with tetanus. In the absence of adequate previous immunization with tetanus toxoid reinforced by another injection of toxoid at the time of injury, a person who has been wounded in such a way that there is danger from tetanus should receive a subcutaneous injection of tetanus antitoxin, 1,500 U.S.A. units (3,000 International units), given on the day of the wound. A second injection within ten days may be desirable in certain instances.

Control of Contacts:

- a. No restrictions are required.

46. TRACHOMA

Control of Case:

- a. Placarding of premises is **not** required.
- b. Isolation is required during the period of persistence of lesions of the conjunctiva or the discharges therefrom unless the patient is under adequate treatment and is observing precautions against the spread of the secretions of the eye to others; however, exclusion from school until there is no longer any discharge from the eye is required.
- c. Concurrent disinfection of conjunctival secretions and articles soiled therewith is required.
- d. Terminal disinfection is **not** required.
- e. Quarantine: None.
- f. Immunization: None.

Control of Contacts:

- a. No restrictions are required.

47. TUBERCULOSIS, PULMONARY

Control of Case:

a. **All cases** or suspected cases of Tuberculosis shall submit for laboratory examination such specimens of sputum, gastric contents, or any other body discharges, as may be requested from time to time by the local health officer. The following rules shall apply **only** to those cases or suspected cases of tuberculosis who have not demonstrated the **absence** of tubercle bacilli in at least three successive authenticated concentrated specimens of their sputum, taken at intervals of not less than one a week, and examined in a laboratory of the Florida State Board of Health or one approved by it for such examinations.

1. Cases shall be hospitalized at public expense whenever facilities for tuberculosis patients are available.
2. Cases who refuse hospitalization, or who leave a hospital against medical advice, shall be **isolated**, the premises shall be **placarded** and **concurrent** and **terminal** disinfection shall be required.
3. Whenever hospital facilities for tuberculosis patients are not available at public expense, the

patient shall be isolated but the premises need not be placarded provided proper isolation and concurrent disinfection are in effect.

Control of Contacts:

- a. Quarantine of contacts is not required, but intimate contacts shall not handle food or engage in occupations which bring them into close association with children.
- b. All household contacts and other intimate contacts should have a chest x-ray at least once every year.

Sale of Food, Milk, etc.:

See "G," Section V, page 25.

48. TULAREMIA

Control of Case:

- a. Placarding of premises is **not** required.
- b. Isolation is **not** required.
- c. Concurrent disinfection of purulent discharges is required.
- d. Terminal disinfection is **not** required.
- e. Quarantine: None.
- f. Immunization: None.

Control of Contacts:

- a. No restrictions are required.

49. TYPHOID AND PARATYPHOID FEVER

Control of Case:

- a. Placarding of premises is **not** required.
- b. Isolation in a fly-proof room is required until four successive specimens of feces and urine, negative for typhoid or paratyphoid bacilli, are obtained in the following manner:
 1. The first release specimen shall not be taken until at least seven days after the temperature is normal and the second specimen not earlier than seventy-two hours following the first. The third specimen shall be taken one month after the second and the fourth taken one month after the

third. (The first two specimens are advised to be non-cathartic.) The third and fourth specimens shall be after a saline cathartic has been given. No negative reports will be considered if the specimen has been in transit more than twenty-four hours. If either of the last two specimens are positive, then four additional successive negative specimens are required to be taken one month apart.

2. Convalescent cases of typhoid or paratyphoid fever, who continue to harbor typhoid or paratyphoid bacilli in their feces or urine for three months after onset of their illness shall be classed as temporary typhoid or paratyphoid carriers. If they continue to harbor the typhoid or paratyphoid bacilli for twelve months after onset of their illness, their classification, then, automatically becomes that of a chronic carrier.

c. Concurrent disinfection of all bowel and urinary discharges and articles soiled therewith is required.

d. Terminal disinfection by thorough cleaning is required.

e. Quarantine: Family contacts should not be employed as food handlers during period of contact nor before repeated negative stool and urine cultures are obtained.

f. Immunization: Of susceptibles in the family or household of the patient who have been or may be exposed during the course of the disease.

Control of Contacts:

a. All attendants and all persons residing upon the premises shall be immunized against typhoid or paratyphoid fever, if not so protected within the previous two years.

b. All contacts except food handlers, shall submit two post-cathartic specimens of feces and urine one week apart and need not be quarantined during that time if cooperative, and if they do not come in contact with the patient.

c. Contacts in the home who are engaged in the production or handling of milk, cream, milk products and other foods, including all beverages, and who have submitted four successive negative post-cathartic specimens of feces and urine taken not less than four days apart, may, with permission of the local health officer, be permitted to live at some other address so that they may resume their usual

occupations, provided they do not again enter the patient's premises.

Sale of Food, Milk, etc.:

See "G," Section V, page 25.

Control of Carriers:

a. See "L," Section V, page 29.

b. If a typhoid carrier becomes ill with any other disease and requires hospital care, the hospital shall be advised of his carrier status before admission as a patient so that proper precautions may be taken. A nurse, upon taking charge of the case at home shall also be informed for her protection.

c. When a chronic carrier desires to submit specimens of feces and urine for release, he shall, under the supervision of the local health officer, take a cathartic, and a specimen if practicable shall be taken from the second or third bowel movement and shall be sent to the laboratory of the Florida State Board of Health or to a laboratory approved by it. A chronic carrier shall not be released from observation and the rules of modified quarantine until he has submitted eight successive, negative, specimens of feces and urine taken not less than one month apart and two authentic negative bile specimens obtained by direct tube drainage, one week apart. The first bile specimen shall be taken approximately one month following the eighth feces and urine specimen. SPECIMENS DELAYED IN TRANSIT WILL NOT BE ACCEPTED IF MORE THAN TWENTY-FOUR HOURS HAVE ELAPSED BETWEEN THE COLLECTION OF THE SPECIMEN AND ITS EXAMINATION.

d. **Check-up on Carriers.** The local health officer shall visit, or cause to be visited, chronic carriers as often as is necessary to insure compliance with the carrier agreement and all carriers must be visited at least every six months or at more frequent intervals if directed by the State Health Officer.

50. TYPHUS FEVER (Brill's Fever; Murine Typhus Fever)

Control of Case:

- a. Placarding of premises is **not** required.
- b. Isolation is **not** required.
- c. Concurrent disinfection is **not** required.
- d. Terminal disinfection is **not** required.

e. Quarantine: None.

f. Immunization: It may be possible to prepare killed vaccine against murine typhus somewhat after the technique employed with the epidemic virus, but as yet there is no definite evidence as to its efficacy.

Control of Contacts:

a. No restrictions are required.

51. UNDULANT FEVER (Brucellosis)

Control of Case:

a. Placarding of premises is **not** required.

b. Isolation is **not** required.

c. Concurrent disinfection other than ordinary sanitary precautions is **not** required.

d. Terminal disinfection is **not** required.

e. Quarantine: None.

f. Immunization: None.

Control of Contacts:

a. No restrictions are required.

52. VINCENT'S INFECTIONS (Including Vincent's Angina and Ulcerative Stomatitis)

Control of Case:

a. Placarding of premises is **not** required.

b. Isolation is **not** required but patient shall be excluded from school until clinically recovered.

c. Concurrent disinfection of secretions of mouth and nose is required.

d. Terminal disinfection is **not** required.

e. Quarantine: None.

f. Immunization: None.

Control of Contacts:

a. No restrictions are required.

53. WHOOPING COUGH (Pertussis)

Control of Case:

- a. Placarding of premises is **not** required.
- b. Isolation is required until three weeks after the appearance of the first paroxysmal cough, but patient may be granted the liberty of his own home and yard provided he does not come in contact with other children.
- c. Concurrent disinfection of secretions of mouth and nose is required.
- d. Terminal disinfection other than thorough cleaning is **not** required.
- e. Quarantine: Non-immune children will be excluded from school and public gatherings for fourteen days after their last exposure to a recognized case. This applies to exposure in the household or under other similar conditions.
- f. Immunization: A brief passive immunity may be conveyed to young children by the administration of appropriate amounts of convalescent serum or similar agent. Artificial active immunization is recommended for children in the early months of life, preferably before the sixth month.

Control of Contacts:

- a. See "e" above.

54. YELLOW FEVER

Control of Case:

- a. Placarding of premises **is** required.
- b. Isolation in a screened room is required for the first four days of the fever.
- c. Concurrent disinfestation (destruction of mosquitoes) is required.
- d. Terminal disinfection is **not** required.
- e. Quarantine: None.
- f. Immunization: Immunity is quickly conferred by a single inoculation with an attenuated strain of living virus with an apparent effective duration of four years and probably longer.

Control of Contacts:

- a. No restrictions are required, but immunization is desirable.

Section VII

Procedure applicable to the control of venereal diseases.
(See Appendix II for Opinion of the Attorney General.)

A. The words "health officer" when used in these rules and regulations relating to venereal diseases shall mean any local health officer, the State Health Officer, venereal disease control officer of the State Board of Health, or any duly authorized deputy or duly accredited representative of a local health officer or the State Health Officer.

B. Syphilis, Gonorrhea, Chancroid, Granuloma Inguinale, and Lymphopathia Venereum are hereby designated as venereal diseases and are declared to be contagious, infectious, communicable and dangerous to the public health.

C. All cases of venereal diseases shall be reported in accordance with the provisions of law to the local health officer if such is available, or to the State Health Officer, on a morbidity report card form prescribed for that purpose and enclosed and sealed in a franked envelope provided by the State Board of Health.

D. Whenever a health officer shall have reasonable grounds to believe that any person within his jurisdiction is infected with any venereal disease he may cause medical examination to be made for the purpose of ascertaining whether such person is in fact infected with such a disease in a stage which is or may become communicable, as defined in this Sanitary Code of the State of Florida. Any person, personally advised by a health officer that said health officer has the opinion that he or she may have a venereal disease, shall submit to such examination, and permit such specimens of blood or bodily discharges to be taken for such laboratory examinations as may be necessary to establish the presence or absence of such diseases or infections, or shall submit to quarantine in a place and manner determined by the health officer. Such laboratory examinations shall be performed in a laboratory of the Florida State Board of Health, or in one approved by it for such examinations.

E. The health officer may require any person within his jurisdiction who is found to be infected with a venereal disease in a stage which is or may become communicable as defined by the health officer, to submit to such treatment or quarantine, or both, as described for the termination of infectiousness. The health officer shall define the place and limit the area within which such persons shall be quarantined and the conditions under which such treatment or quarantine or both shall be terminated.

F. The infectiousness of a person with communicable syphilis shall be considered terminated by: (1) the administration of 60 units of anti-syphilitic drugs, one injection of a trivalent arsenical of the arsphenamine or phenarsine group being equivalent to two units, and one injection of a bismuth or mercury same being equivalent to one unit; or (2) the administration of 1,200 mg. of a phenarsine compound within a period of two months or less, followed by one year of observation without clinical or serological evidence of release; (3) the administration of at least 3,000,000 units of penicillin in a period of 10 days or less, followed by one year of observation without clinical or serological evidence of relapse; (4) such combinations of artificial hyperpyrexia and chemotherapy as are equivalent to the above followed by one year observation.

G. The infectiousness of Gonorrhea in a communicable stage shall be considered terminated by the administration of (1) 20 gm. of sulfathiazole or sulfadiazine in 5 to 10 days, or (2) penicillin in a dosage of 300,000 units parenterally, provided that the gonococcus is not identified in at least one post-treatment specimen examined by culture, or three specimens for microscopic examination taken on different days following therapy. Such laboratory specimens shall be performed in a laboratory of the State Board of Health or in one approved by it for such examinations.

H. The infectiousness of Chancroid in a communicable stage shall be considered terminated by the administration of 2 to 4 gm. of sulfathiazole or sulfadiazine per day in divided doses for 7 to 12 days, provided that all ulcers and discharging buboes are fully healed.

I. The infectiousness of Granuloma Inguinale in a communicable stage shall be considered terminated when all skin lesions are fully healed.

J. The infectiousness of Lymphopathia Venereum in a communicable stage shall be considered terminated when all acute inflammatory lesions have healed.

K. 1. **Alternative Quarantine:** Any person ordered by a health officer to submit to examination under "D" of this Section, may elect to submit to quarantine as an alternative to such examination, when the health officer may order him or her to remain within such limits and to conduct himself or herself in such a manner that no person shall be exposed to the venereal disease suspected to be in a stage which is or may become communicable. Such an order of quarantine may specify the suspected person's home or living quarters, or may

direct him or her to proceed to and remain in an institution, other than a penal institution, until the person may be reasonably considered no longer infectious.

2. **Temporary Quarantine:** Any person ordered by a health officer to submit to examination pursuant to "D" of this Section, may be required by an order of quarantine to remain in an institution or within other limits determined by the health officer until the results of examination are known.

3. **Conditional Quarantine:** Any person ordered by a health officer to submit to treatment for venereal disease shall be required to remain within limits specified by the health officer, and to submit to such examinations as are necessary to determine the effectiveness of therapy.

APPENDIX I

UNITED STATES PUBLIC HEALTH SERVICE REGULATIONS RELATIVE TO PSITTACINE BIRDS

New Interstate Quarantine Regulations, May 16, 1947

"12.22 Psittacine birds. (2) The term psittacine birds shall include all birds commonly known as parrots, amazons, Mexican double heads, parakeets, African grays, cockatoos, macaws, love birds, lories, lorikeets, and all other birds of the psittacine family.

(b) A person shall not offer for transportation, or transport, in interstate traffic any psittacine bird unless:

(1) The shipment is destined to a zoological park or research institute, and the shipment is accompanied by a permit from the State Health Department of the State of destination (when required), or

(2) The shipment does not exceed two birds, the birds are accompanied by the owner, have been in his possession for the preceding two years, have not had contact with other psittacine birds during that period, will be transported immediately to the owner's private residence and retained there as household pets, and are accompanied by a permit from the State Health Department of the State of destination (where required)."

APPENDIX II

Florida State Attorney General's Opinion Relative to Venereal Disease Control

The following is for the purpose of prescribing a program for the enforcement of health laws and criminal laws in controlling and regulating the cure and spread of venereal diseases and persons infected therewith. It will be divided into four divisions in its arrangement, headed as follows:

1. Protection of Public Health under Health Regulations.
2. Protection of Public Health under Criminal Statutes.
3. Case examples with Suggestions for their Handling.
4. Coordination of Enforcement Program in Central and Uniform Source of Administration and Enforcement.

I

PROTECTION OF PUBLIC HEALTH UNDER HEALTH REGULATIONS

(a) The State Board of Health and its authorized representatives are authorized to require persons infected or suspected of being infected with a venereal disease, to submit to physical examination and inspection, and are authorized to require persons infected with venereal disease to report for treatment, either to a private practitioner, or to submit to treatment provided at public expense. (Sections 384.03 and 394.07, Florida Statutes 1941.)

(b) Syphilis, gonorrhea and chancroid are designated as venereal diseases and are declared by statute to be contagious, infectious, communicable, and dangerous to the Public Health. (Section 384.01, Florida Statutes 1941.)

(c) In case it is known that a person or persons have become infected with a venereal disease by contacting a woman in a hotel, or other public place, or in a house of prostitution, proper investigation should be made to determine the identity of such woman, and she should then be prosecuted, isolated and treated. Of course, if such hotel, or other place, is in fact, and to all practical intent and purpose, a house of prostitution, then the operator should be proceeded against.

(d) Upon the refusal of a person infected with a venereal disease, or one suspected upon probable cause of being so infected, to submit to examination, a warrant may be issued by a justice of the peace or other proper officer, upon the sworn

testimony of a person or persons in possession of the facts. Such refusal is made a misdemeanor and is punishable as such. After arrest such person should be examined and inspected by a duly authorized representative of the State Board of Health, and if found to be infected with a venereal disease, such person may be taken into custody by the State Board of Health, or its representative, and isolated and required to submit to proper treatment until cured of such disease. (Section 384.04, Florida Statutes 1941).

(e) The State Board of Health is authorized to make necessary rules for regulation and control of persons infected with venereal diseases, and the regulations and control of the disease itself, including isolation and quarantine. (Sections 384.09, 381.19, 381.15 and 381.49, Florida Statutes 1941.)

(f) The law fixes a penalty and punishment for violations of State Board of Health quarantine regulations, or obstructing officers of the Board in the performance of their duties in carrying out quarantine regulations of the Board. (Sections 381.20 and 381.21, Florida Statutes 1941.)

(g) Sections 384.08, Florida Statutes, 1941, authorizes the health authorities or their deputies to examine all persons who may be confined or imprisoned in any state, county or city prison, and to treat such persons if found to be infected with venereal disease. The health authorities are authorized to take over such portion of the prison as may be necessary for the confinement and treatment of persons who are suffering from venereal diseases at the time of the expiration of their terms of imprisonment.

(h) It would seem to be advisable for the health authorities in each county to work in close harmony with the local enforcement officers (particularly police and sheriffs' offices), so that they may be constantly advised of the arrest and confinement of persons who may be infected with venereal diseases, in order that proper inspection may be made of such persons, and if infected, may be isolated in the isolation camps to be established.

(i) The rules and regulations of the State Board of Health are designated by statute as the Sanitary Code of the State of Florida. (Section 381.49, Florida Statutes 1941). And it is provided that this Sanitary Code may contain regulations necessary for the control of communicable disease or the protection of the public health. (Section 381.50).

(j) All venereal diseases come within the classification of both communicable, contagious, and infectious diseases. (Section 384.01, Florida Statutes 1941).

(k) The remedies of isolation, examination, treatment,

and quarantine, are those which fall into the classification of "Protection of Public Health under Health Regulations." The jurisdiction and enforcement under these remedies are freed from some of the due process requirements of strict criminal procedure: That is to say, more latitude in administration is provided under the law in the enforcement of these public health remedies, and the rules and regulations of the State Board of Health to safeguard the public against persons coming within their purview, when the proceeding is founded upon and instituted for the purpose of protecting public health rather than to punish crime.

QUARANTINE. The remedy of QUARANTINE under the health rules and regulations should be resorted to in every case only after due precaution, and only under the direction of the State Board of Health officials or agents, after careful consideration by them of the promise and necessity therefor, and of the adequacy of the criminal laws in furnishing the protection and remedies for the particular case, and of the adequacy of the law, including State Board of Health rules and regulations, controlling and governing treatment and isolation without quarantine. Also when quarantine is deemed to be necessary, it should not be made to embrace any greater quarters than those in which the infected person or persons actually reside. For instance, a quarantine notice placed upon a building in which infected persons are found, whether it be a hotel, rooming house, private home, or house of prostitution, should not specify that the entire house is subject to the quarantine, unless the persons infected residing therein are so numerous as to require its total quarantine.

(1) The officers and agents of the State Board of Health may resort to criminal prosecution under the criminal laws, and that which follows under the heading, "Protection of Public Health under Criminal Statutes," contains the citations of the law in this jurisdiction. When in the enforcement of State Board of Health regulations applicable to treatment, inspection, isolation, and quarantine of venereal diseases, persons affected refuse to submit themselves thereto or to conform to requirements imposed, the health officer or agent should then resort to criminal proceedings by one or more of the statutory remedies prescribed, in order to obtain the right for further proceeding. This is applicable against infected persons or persons believed to be infected. Where resistance or opposition occurs with respect to premises, the health officer should proceed in one or more of the legal methods prescribed for abatement of nuisances, or by quarantine.

(m) It is my information that plans are being worked out between the United States Government and the Florida

State Board of Health, whereby the government proposes to turn over to the State Board of Health a number of strategically located camps which were formerly used by the Civilian Conservation Corps, and that the State Board of Health proposes to convert these camps into isolation camps or hospitals for persons infected with venereal diseases. In the event these camps are taken over by the State Board of Health and converted into suitable places for the isolation and treatment of persons infected with venereal disease, the State Board of Health is authorized to place such infected persons in those camps, and treat them until cured, without reference, of course, to whether or not they have been arrested under any criminal statute, when they do not resist.

II

PROTECTION OF PUBLIC HEALTH UNDER CRIMINAL STATUTES

(n) Syphilis, gonorrhea and chancroid are designated as venereal diseases and are declared by statute to be contagious, infectious, communicable, and are dangerous to the public health. (Section 384.01, Florida Statutes 1941).

(o) It is a misdemeanor under the laws of Florida for anyone infected with either of these diseases to expose another to infection. (Section 384.03, Florida Statutes 1941).

(p) It is also unlawful for any person afflicted with either of these diseases, knowing of such condition, to have sexual intercourse with one of opposite sex. (Section 384.02, Florida Statutes 1941). A violation of this statute is made a misdemeanor. (Section 384.03, Florida Statutes 1941).

(q) Any person having a venereal disease who, knowing of such condition, has sexual intercourse with another or exposes in any manner any person to infection, may be prosecuted upon the affidavit of such other person or of any person having knowledge of the facts. Such affidavit may be made before a justice of the peace or county judge, upon which a warrant of arrest will issue; except in those jurisdictions having criminal courts of record, in which case prosecution should be had upon information filed by the appropriate prosecuting official. (Sections 384.02 and 384.03, Florida Statutes 1941).

(r) In case of known houses of prostitution, proper investigation should be made to determine the identity of the keeper of such house, and he or she should be prosecuted under the provisions of Section 796.01, Florida Statutes 1941, and the inmates prosecuted under the provisions of Section 265.02, Florida Statutes 1941, as vagrants. These inmates may be examined, and if found to be infected with any vene-

real disease, the health authorities should take custody of such persons and isolate and treat them until cured.

(s) In each case where the infected person is under criminal prosecution, the course of the prosecution should not interfere with or affect in any manner the authority of the State Board of Health and its authorized representatives, to maintain supervision over such person to the extent of requiring proper isolation and treatment.

(t) The practice of prostitution in itself,* unconnected with commercialization, is not a crime under any Florida Statute. However, fornication is (Section 798.03), and keeping houses of prostitution is likewise made a crime. (Section 796.01, Florida Statutes 1941).

(u) Common law crimes are of full force and effect in this State, where there are no existing provisions by statute on the subject. (Sections 775.01 and 775.02, Florida Statutes 1941).

(v) Nuisances are punishable and indictable, and may be removed and suppressed. (Section 823.01, Florida Statutes 1941). And those matters tending greatly to corrupt the manners and morals of the people are classified as being such. This remedy is in addition to the civil remedy of injunction.

(w) Vagrants, vagabonds, street walkers, lewd persons, and the like, are subject to criminal arrest and prosecution. (Section 856.02). They may be arrested with and without warrant. (Section 856.03.)

(x) Places frequented by classes of persons described in the preceding paragraph may be declared nuisances. (Section 823.05).

(y) Any place where any law of the State of Florida is violated is deemed a nuisance. (Section 823.05). Nuisances abated or enjoined. (Sections 64.11 and 64.15).

III

CASE EXAMPLES WITH SUGGESTIONS FOR THEIR HANDLING

Where Rooming Houses or Hotels are Being Used for Prostitution

This may occur in individual cases where knowledge of the management cannot be presumed to exist of what is going

*NB—The 1943 Legislature passed additional laws regarding prostitution and control of venereal diseases. See Florida Statutes for content of these laws.

on. It may be carried on in such a promiscuous or multiplied scale as to impute knowledge to the management.

In both these instances, the woman or women involved would be subject to arrest and apprehension under one or more of the criminal statutes above cited. Both the man and the woman are fornicators and subject to prosecution under the fornication statute above cited, and would be liable for inspection and examination by Board of Health authorities to ascertain whether or not either was diseased. If there is reason to suspect the woman so engaged to be infected with venereal disease, one or more of the statutes heretofore cited would be violated, and arrest, apprehension, and treatment thereunder could be had.

If the factual surroundings will sustain such, that is to say, if the practice or practices are being carried on in such a manner as to impute knowledge in the management of the rooming house or hotel, such management should be prosecuted for keeping a house that is being resorted to for prostitution.

Quarantine may be used to stop assignation practice, irrespective of the kind of lodging house or hotel involved, but my opinion is that the quarantine should be placed upon the room or rooms being so used, rather than upon the entire premises in this kind of case, except where the practices are so general as to include all persons domiciled upon the offending premises.

Street walkers, pimps, vagrants, and lewd persons are subject to arrest under one or more of the above mentioned statutes.

Under the rules and regulations of the State Board of Health, persons making a business of fornication can be presumed to be infected with a venereal disease and subjected to examination therefor by the State Board of Health authorities. And if they refuse to be examined, they may be proceeded against under the statutes above cited applicable in such instances.

Persons using automobiles to pick up men or women for licentious purposes, are engaged in prostitution for commercial ends, and may be so prosecuted. **Special attention is called to Sections 384.02 and 384.03, Florida Statutes 1941, where in those named cases prosecutions must be originated with county solicitors.**

The officers and agents of the State Board of Health are expected to use the courts of the State for obtaining warrants of arrest in all cases where the facts in the particular case, and the remedies required for either the protection of the

public health or the punishment of the offenders, make prosecution necessary and justifiable.

The nuisance statute above cited, providing for abatement through proceedings in the justice of the peace court, provides a remedy which would be effective under extreme circumstances. It should not be overlooked that the ordinances of the various municipalities of the State and the police force and municipal courts thereof, would find application and could be of much assistance in the more effective handling of our venereal disease problems.

IV

COORDINATION OF ENFORCEMENT PROGRAM IN CENTRAL AND UNIFORM SOURCE OF ADMIN- ISTRATION AND ENFORCEMENT

I believe that the State Attorneys of the State, together with all prosecuting officers such as County Solicitors and County Prosecutors, should be called into a conference at Tallahassee, together with a representative of the State Board of Health, a representative of the F. B. I., the Director of Public Health for the State Defense Council Division, and a representative of the Governor, to coordinate source of administration and enforcement in the field to which this memorandum relates.

A program submitted to this group, and agreed upon by all participating as one acceptable for general and uniform enforcement throughout the State, should be accepted and made effective, and a state-wide program adopted thereunder this conference group; and all law enforcement officers, including State Board of Health agents, police officers, sheriffs and federal government agents, should be informed of its contents and plan, and directed to work in conformity therewith.

J. TOM WATSON,
Attorney General.

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